# APPLICATION FOR FINANCIAL ASSISTANCE
## TEXAS DEPARTMENT OF HEALTH

DATE RECEIVED BY STATE ___/___/___

| APPLICANT INFORMATION | |
|---|---|
| 1) DESCRIPTIVE TITLE OF PROJECT: | 9) ADDRESS: (Street Address, P.O. Box Number, City, County, State, Zip Code) |
| 2) LEGAL NAME:<br>3) PAYEE NAME:<br>4) HSDA NAME:<br>5) TDH REGION NO: _____ | |
| 6) EXECUTIVE DIRECTOR:<br>a) Name:<br>b) Phone No: ( )<br>c) Fax No. ( )<br>d) E-Mail Address: | 10) PAYEE ADDRESS: (If different) |
| 7) CONTACT PERSON FOR THIS APPLICATION:[1]<br>a) Name:<br>b) Phone No: ( )<br>c) Fax No. ( )<br>d) E-Mail Address: | |
| 8) FINANCIAL OFFICER AND PHONE NO:<br>a) Name:<br>b) Phone No: ( ) | 11) TAX I.D. NUMBER: |

12) TYPE OF APPLICANT: (enter appropriate letters:) _____

a) City Health Department
b) County Health Department
c) District Health Department
d) Community-Based Organization
e) Hospital
f) Private Non-Profit Organization
g) Higher Education
h) Indian Tribe
i) Minority Organization[2]
j) HUB certified[3]
k) State Agency
l) Other (specify) _____

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|---|---|
| 13) :TYPE OF APPLICATION:<br>G NEW G CONTINUATION | 14) REQUESTED FUNDING:<br>$ |
| 15) START DATE END DATE | 16) LIST ALL COUNTIES TO BE SERVED: |
| 17) AUTHORIZED REPRESENTATIVE:<br>a) Name:<br>b) Title:<br>c) Phone No: ( ) | |

18) **The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in this RFP. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award or continuation of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.**

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| 19) SIGNATURE OF AUTHORIZED REPRESENTATIVE | 20) DATE SIGNED: |

[1] Person who can answer questions about application other than Executive Director.

[2] Board of Directors is made up of 50% racial or ethnic minority members.

[3] Historically Underutilized Business. See Forms Section for Definition.